

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				COMPLETE IF KNOWN	
				Application Number	10/551709
				Filing Date	
				First Named Inventor	
				Group Art Unit	
				Examiner Name	
Sheet	1	of	1	Attorney Docket Number	MS0035YP

[illegible][illegible]

Examiner Signature	/Patricia L. Morris/ (10/16/2008)	Date Considered	
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. Computer generated form "IDS Form" (IDS Folder), Merck & Co., Inc., -7/12/2005